



United States Environmental Protection Agency  
Washington, D.C. 20460

## Water Compliance Inspection Report

### Section A: National Data System Coding (i.e., PCS)

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/>	13-9-20	S	S	2	
Remarks					
Inspection Work Days Facility Self-Monitoring Evaluation Rating BI QA Reserved					
67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/>					

### Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Aggregates U.S.A., LLC Midway Quarry (Limestone) Knox County NPDES #TN0031089	Entry Time/Date 2:55 9-20-2013	Permit Effective Date 7-10-2013
	Exit Time/Date 3:50 9-20-2013	Permit Expiration Date 7-9-2018
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Mr. Rusty Cain, Superintendent Mr. Korey kibodeaux, Foreman 865-933-4131	Other Facility Data (e.g., SIC NAICS, and other descriptive information) Site active at this time All treatment facilities for stormwater discharge were in good working order, no pump discharge from the quarry pit at DMP #001	
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Travis A. Paris, Environmental Manager. 865-933-4131	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

### Section C: Areas Evaluated During Inspection (Check only those areas evaluated)

<input checked="" type="checkbox"/> Permit	<input checked="" type="checkbox"/> Self-Monitoring Program	<input type="checkbox"/> Pretreatment	<input type="checkbox"/> MS4
<input type="checkbox"/> Records/Reports	<input type="checkbox"/> Compliance Schedules	<input checked="" type="checkbox"/> Pollution Prevention	
<input type="checkbox"/> Facility Site Review	<input type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Storm Water	
<input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Operations & Maintenance	<input type="checkbox"/> Combined Sewer Overflow	
<input type="checkbox"/> Flow Measurement	<input type="checkbox"/> Sludge Handling/Disposal	<input type="checkbox"/> Sanitary Sewer Overflow	

### Section D: Summary of Findings/Comments

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

SEV Codes	SEV Description
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
Robert M. Brooks	WRM-MS 865-594-5548	9-20-2013
Bruce Ragon	WRM-MS 865-594-5547	
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date